

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295048		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2010	
NAME OF PROVIDER OR SUPPLIER HARMON MEDICAL & REHABILITATION HOSP - SNF				STREET ADDRESS, CITY, STATE, ZIP CODE 2170 EAST HARMON AVE LAS VEGAS, NV 89119			
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F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the Medicare Recertification survey conducted at your facility on 11/02/10 to 11/03/10, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. The census was two residents. Two resident files were reviewed. There were no complaints investigated during the time of the recertification survey.</p> <p>An immediate jeopardy was identified on 11/3/10 at 1 PM CFR 483.35(i) Food Procure, Store/Prepare/Serve-Sanitary Conditions (Ftag 371) and abated on 11/3/10 at 4:25 PM.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>			F 000			
F 309 SS=E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p>			F 309			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to follow follow physician orders for 1 of 2 residents (#2).</p> <p>Findings include:</p> <p>Resident #2 was a 79 year old female admitted on 10/28/2010 with diagnoses including Gastritis, Esophagitis, Anemia, Obstructive Chronic Airway, and Nausea Vomiting.</p> <p>1. The Standard Transfer Orders form dated 10/28/2010, documented for vital signs to be taken every 6 hours and to obtain daily weights. The physician signed the form on 10/28/2010.</p> <p>The initial weight for Resident #2 was taken on 10/28/2010. The weight was 100 pounds and was documented on the Weight Documentation Form. There were no daily weights taken for Resident #2 after 10/28/2010. There was no documented evidence that vital signs were taken every 6 hours as ordered by the physician.</p> <p>On 11/3/2010, in the afternoon, The Director of Nursing (DON) services confirmed that the orders for daily weights and vitals signs to be obtained every 6 hours were not followed.</p> <p>2. Resident #2's Physician's Order form dated 10/29/2010 documented to change Prilosec to bid (Twice a day).</p> <p>Resident #2's Medication Administration Record (MAR) dated 10/30/2010, documented the typed order for Prilosec to be given before breakfast. Hand written next to the typed order was instructions to also give the medication at dinner time and the time of 1630.</p>	F 309			

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F 309	Continued From page 2 Resident #2's Medication Administration Record (MAR) dated 10/31/2010 also followed the same technique documenting the typed order for Prilosec to be given before breakfast. Hand written next to the typed order was instructions to give the medication at dinner time and the time of 1630. Resident #2's Medication Administration Record (MAR) dated 11/1/2010 and 11/2/2010 documented the typed order for Prilosec to be given before breakfast. The new order to give Prilosec bid was not typed or hand written on the forms. Prilosec was given only once on 11/1/2010. On 11/3/2010 in the morning the DON indicated that the pharmacy is responsible for transferring the order into the MAR's and should have been typed and showing to give on the 11/1/2010 and 11/2/2010 MAR's.			F 309			
F 371 SS=L	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy			F 371			

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F 371	<p>Continued From page 3</p> <p>review, the facility failed to properly store and prepare food under sanitary conditions.</p> <p>Findings include:</p> <p>On 11/2/10, at noon, the facility served country fried steak with gravy, mixed vegetables, mashed potatoes, and fresh fruit to the residents for lunch. The surveyors requested two test trays at lunch to determine the palatability of the food. Upon receiving the trays, the surveyors attempted to consume the country fried steak. The meat appeared browned on one side and slightly tanned on top. After cutting into the meat and eating several bites, the meats texture tasted raw. Scraping the slightly tanned surface on the top of the meat revealed a uniform red appearance inside.</p> <p>The facility's temperature log indicated the meat was 175 degrees when measured prior to serving. The kitchen manager indicated the facility received the country fried steaks already pre-cooked from its supplier. Eventually, product information on the prepackaged country fried steak patties, was obtained from the kitchen manager that indicated the country fried steaks were received in a frozen, raw state from the supplier. The kitchen manager indicated this error occurred because the product number of the frozen, raw meat received did not match the product number of the pre-cooked supply facility staff usually ordered. The facility failed to identify the country fried steaks were actually raw and not pre-cooked as they indicated. At 3:45 PM, the facility came up with a plan of correction to prevent any potential serving of undercooked meats, which included the following:</p>	F 371					

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F 371	<p>Continued From page 4</p> <ol style="list-style-type: none"> " Check the delivery for purchase accuracy of all food products purchased by facility." " Cross reference purchase order against proper instructions for food preparation of all meals for accuracy." " Post instructions of all meal preparation at or near work area for review and sign-off for all cooks." " Monitor temperature of test trays at all meal times and log temperatures/dates/times." " Sign off log will be used to determine when burners are turned off on the tray line." " Per the sign off log all remaining food will be wasted immediately." " Present all of the above POC at the next Performance Improvement for benchmark setting and ongoing monitoring/reporting timeframes." " Sample trays will be tasted for texture, taste and palatability x 2 weeks for each meal." <p>On 11/3/10 observation of kitchen services continued. At 11:40 AM, a hooded sweatshirt and a boom-box were observed on the bottom shelf of the clean dishes rack. The items were removed at 11:50 AM.</p> <p>According to the facility's temperature log, food items being served for lunch, exceeded each of the benchmark temperatures prior to serving: 165 degrees Fahrenheit for all hot foods, 180 degrees Fahrenheit for gravy, and 45 degrees for cold items. At noon, the facility served the residents herbed rice, a pork patty with gravy, a dinner roll, seasoned greens, and diet pudding. On the steam table, a metal container with warm water held 102 pork patties for serving. As kitchen aides served the patties, the pork patties were observed to be browned on one side with pinkish</p>	F 371			

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F 371	<p>Continued From page 5</p> <p>splotches on the other side. The assistant kitchen manager was questioned about the appearance of the pork patties. The assistant kitchen manager responded that the pork patties would not look uniform after being stacked up in the metal bin with warm water on the steam table. The fat drained down from the pork patties stacked on top to the pork patties underneath, yielding the splotchy appearance.</p> <p>Surveyors asked for two test trays at lunch on 11/3/10. The trays were served to the surveyors when approximately half the pork patties remained. Upon receiving the trays, the surveyors examined the pork patties. The meat appeared browned on one side and slightly tanned on top with pinkish splotches on it, which gave the meat an appearance of being undercooked. The browned areas were tender and the splotchy areas were harder to penetrate with a fork.</p> <p>At 12:45 PM, the kitchen manager was interviewed. The kitchen manager indicated 32-36 pork patties were put on a single wide cookie pan and heated in the oven at 325 degrees Fahrenheit for 45 minutes. The pork patties were pulled out twenty minutes before serving tray line. The temperature of the pork patties was 170-175 degrees Fahrenheit. The temperature was rechecked at the actual serving time and was 175-180 degrees Fahrenheit. The kitchen's temperature log indicated 190 degrees Fahrenheit. The kitchen recipe indicated to cook the pork patties at 350 degrees for 15 minutes until done and a product temperature of 155 degrees Fahrenheit or higher is reached for 15 seconds. The risk manager was summoned and</p>			F 371			

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F 371	<p>Continued From page 6</p> <p>an immediate jeopardy was called at 1:00 PM.</p> <p>At 1:10 PM, the cooks were asked to prepare three additional pork patties, just as they had at lunch. A cook placed three frozen pork patties on tin foil after seasoning them with mesquite barbecue seasoning. The cook layered the three patties like dominoes on a cookie pan and put the pan into the oven at 325 degrees Fahrenheit.</p> <p>At 1:18 PM, the dietitian was shown the recipe, and he agreed the temperature to cook the patties was 350 degrees Fahrenheit, however the dietitian also observed the oven temperature was at only 325 degrees Fahrenheit. When asked, the dietitian offered no explanation for the temperature difference between the recipe and the actual temperature of the oven.</p> <p>At 1:20 PM, the cook was asked about whether the timer on the oven was used. The cook responded that she did not know if the timer operated; sometimes it worked; sometimes it did not. The same cook was observed handling serving ladles, which hung from hooks above the steam table, with her bare hands on the ends used for serving food.</p> <p>At 1:25 PM, the cook opened the oven door, flipped the patties on the tray, and closed the oven door. The oven temperature remained 325 degrees Fahrenheit.</p> <p>At 1:29 PM, the cook opened the oven door and tested a pork patty, which was 180 degrees Fahrenheit. The oven temperature remained 325 degrees Fahrenheit.</p> <p>At 1:33 PM, the cook opened and closed the oven</p>			F 371			

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F 371	<p>Continued From page 7</p> <p>door, and the oven temperature remained 325 degrees Fahrenheit.</p> <p>At 1:36 PM, the cook opened the oven door and tested a pork patty, which was 210 degrees Fahrenheit. The cook concluded the pork patties were done.</p> <p>At 1:37 PM, the cook reiterated 325 degrees Fahrenheit was the oven temperature used at lunch, and she further indicated the oven was a convection oven and cooking time varied, so allowances had to be made. The cook indicated she used a large cookie sheet type of pan at lunch with 32-38 patties at a time and cooked those 25-35 minutes until done and until an internal temperature of 180 degrees Fahrenheit was reached. The pork patties were overlapped like dominoes by an inch or two. The kitchen manager indicated slabs of meat were not routinely flipped during cooking time.</p> <p>The aforementioned original plan of correction intervention #3 was implemented on 11/3/10. The cook signed off, indicating "I have reviewed the proper cooking instructions for the meal I am preparing." The tray line was observed in its entirety from beginning to end to monitor compliance for interventions, and the aforementioned original plan of correction's interventions #5 and #8 were not implemented as written. The kitchen lacked a log indicating when burners were turned off and sample trays were not tested for texture, taste, and palatability for the meal as indicated on the original plan on 11/2/10. None of the facility's departmental directors were observed monitoring or testing a sample tray during the tray line as was indicated in the original plan of correction.</p>			F 371			

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F 371	<p>Continued From page 8</p> <p>At 2:03 PM, the maintenance director indicated the facility lacked an operator's manual for the oven in question. The maintenance director indicated he had worked at the facility for about six months and could not provide documented evidence of oven maintenance or calibration of temperature controls. In addition, the assistant kitchen manager indicated he never saw a policy manual regarding oven equipment and that the oven in question had never been calibrated as far as he knew in 6-7 years of working at the facility.</p> <p>Following the above sequence of events, the administrator prepared and presented a revised plan of correction to abate the immediate jeopardy with the aforementioned food preparation issues:</p> <ol style="list-style-type: none"> 1. Immediate replacement of leadership oversight for the facility's kitchen. An outside dietary manager was secured to oversee food preparation functions for all meals going forward. 2. Immediate re-education and instruction of all food preparing personnel by the new dietary manager detailing the imperative for following meal preparation guidelines as detailed by the manufacturer. Re-education will be completed by 11/4/10. Anyone not having completed the re-education by this deadline will not be scheduled for work until education is completed. 3. Immediate implementation of disuse of the convection oven until such time as a full diagnostic can be performed for both internal temperatures and timer functions. An independent contractor has been scheduled for inspection of the facility convection oven on 	F 371					

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F 371	<p>Continued From page 9 11/4/10.</p> <p>4. Full review of all food preparation practices (including tray line and food steamer utilization) will be performed by the newly procured dietary manager. This practice will be completed by 11/4/10.</p> <p>5. Inclusion of all newly implemented corrective actions into the facility PI/QA plan with interventions and process assessments for achieving and maintaining benchmarks for food temperatures, equipment maintenance and upkeep and staff competencies.</p> <p>6. Implement processes whereby the delivery for purchase accuracy of all food products purchased by facility. The dietary manager will be responsible for purchase review and accuracy of ordered food products. The date for implementation will be 11/4/10.</p> <p>7. Implement cross referencing of purchase order against proper instructions for food preparation of all meals for accuracy. The dietary manager will be responsible for purchase review and accuracy of ordered food products.</p> <p>8. Proper meal preparation guidelines will be posted at or near work area for review and sign-off for all cooks. All cook staff will read instructions for meal preparation and sign off on log that they have reviewed guidelines.</p> <p>9. Prior to servicing residents, the facility will randomly test trays at all meal times and log temperatures, date and time noted. This practice will be implemented 11/3/10.</p>	F 371					

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F 371	<p>Continued From page 10</p> <p>10. A sign-off log will be utilized to determine when burners are turned off on tray line. This practice will be implemented 11/3/10.</p> <p>11. Per the sign off log, all remaining food will be immediately wasted. This practice will be implemented 11/3/10.</p> <p>12. Sample trays will be tasted for texture, taste and palatability x 2 weeks for each meal. The facility departmental directors will be responsible for this compliance measure.</p> <p>13. Inclusion of all newly implemented corrective actions into the facility PI/QA plan by the dietary manager with interventions and process assessments for achieving and maintaining benchmarks for food temperatures, equipment maintenance and upkeep and staff competencies.</p> <p>After receiving the aforementioned revised plan of correction at 4:25 PM on 11/3/10, the immediate jeopardy was abated.</p> <p>2) On 11/2/10 in the morning, a tour of the walk-in cooler/freezer revealed nine bags/containers of unlabeled items including the following:</p> <ol style="list-style-type: none"> 1. Frozen chicken with no open date. 2. Corn bread with no open date. 3. Potato cubes with no open date. 4. Ground beef with no open date. 5. Okra with no open date. 6. Chicken tenders with no open date. 7. Dinner rolls with no open date. 8. Italian dressing with no product label or open date. 9. Tartar sauce with no open date. 			F 371			

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F 371	<p>Continued From page 11</p> <p>In each of the above cases, the food items were removed from the original box/packaging and were stored in clear plastic bags with no identification for product or date opened. One of the bags had a fist-sized hole open to air. The kitchen manager identified the products when asked but failed to provide a policy regarding storing food products properly. According to the facility's sanitation and infection control policy headed by the dietary aide, open containers must be labeled with an "open date" and a "use by date".</p> <p>On 11/2/10 at 12:20 PM, a kitchen employee was observed handling a soiled pan on the dirty sink counter with plastic gloves on. The employee then grabbed a clean pan with the same gloves on, loaded the pan with fresh frozen carrots, and put the carrots into the steamer.</p> <p>On 11/2/10 at 12:40 PM, the same aforementioned kitchen employee picked a used towel off the kitchen floor with a gloved hand and then continued to handle containers of food to be served for lunch without removing the gloves and washing hands.</p> <p>On 11/3/10 at 1:20 PM, a cook was observed handling ladles with bare hands on the serving ends of the ladles.</p> <p>According to the facility's sanitation and infection control policy headed by the dietary aide, employees were supposed to properly wash hands before putting gloves on and change their gloves after touching clothing, bare parts of the body, or contaminated equipment or surfaces.</p>	F 371					

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295048		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2010	
NAME OF PROVIDER OR SUPPLIER HARMON MEDICAL & REHABILITATION HOSP - SNF				STREET ADDRESS, CITY, STATE, ZIP CODE 2170 EAST HARMON AVE LAS VEGAS, NV 89119			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	Continued From page 12 3) The food product representative was contacted by phone on 11/3/2010 at 12:50 PM. The representative indicated the country fried steak and pork patties did not have any documented nitrates or preservatives added to the meat. The representative indicated the cooking times should be followed but the meat should be placed longer if needed until the meat is fully cooked. He indicated that the meat should not be red when it is cooked properly.			F 371			